

## Department of Environmental Protection

## Division of Air Resource Management RESPONSIBLE OFFICIAL NOTIFICATION FORM

Note: A responsible official is not necessarily a designated representative under the Acid Rain Program. To become a designated representative, submit a certificate of representation to the U.S. Environmental Protection Agency (EPA) in accordance with 40 CFR Part 72.24.

Identification of	Facility			
1. Facility Owne	er/Company Name:			
Mosaic Fertilize	r, LLC			
2. Site Name: Bartow Facility		3. County: Polk		
	ir Operation Permit/Project No.	(leave blank for initia	l Title V applications):	
1050046				
	e (Check one or more)			
1000 g control of the control of th		fficials for an initial Title V application.		
□RENEWAL:	Notification of responsible off	icials for a renewal Ti	tle V application.	
*CHANGE:	Notification of change in respo	onsible official(s).		
Effective date of change in responsible official(s)_11/5/2012				
Primary Respons	sible Official			
1. Name and Pos	sition Title of Responsible Offic	ial:		
Jeff Golwitzer, Plant Manager				
2. Responsible C	Official Mailing Address:			
Organization/	Firm: Mosaic Fertilizer, LLC			
Street Address	s: 13830 Circa Crossing Drive			
City:	Lithia	State: FL	Zip Code: 33547	
3. Responsible C	Official Telephone Numbers:			
	(863) 800-9277	Fax: (863) 53		
4. Responsible C	Official Qualification (Check one	e or more of the follow	ving options, as applicable):	
principal busing for the corporate the overall open to a permit under a partnership [ ] For a municipal ranking elected	er Chapter 62-213, F.A.C. o or sole proprietorship, a general p ty, county, state, federal, or other p	no performs similar policative of such person if the g, production, or operation artner or the proprietor, public agency, either a property of the property of	cy or decision-making functions he representative is responsible for hig facilities applying for or subject respectively.	
	Official Statement:			
I, the undersign addressed in th inquiry, that the	ned, am a responsible official, as de is notification. I hereby certify, bas	sed on information and lon are true, accurate and onsible officials, if any, f	belief formed after reasonable d complete. Further, I certify that I	

DEP Form No. 62-213.900(3)

Effective: August 1, 2011

Additional Responsible Official					
Name and Position Title of Responsible Official:					
William V. Land, Environmental Man	ager				
2. Responsible Official Mailing Address					
Organization/Firm: Mosaic Fertilizer, LLC					
Street Address: 13830 Circa Crossing					
City: Lithia	State: FL	Zip Code: 33547			
3. Responsible Official Telephone Numbers:					
Telephone: (863) 800-9338		Fax: (863) 534-2410			
4. Responsible Official Qualification (Check one or more of the following options, as applicable):					
[x] For a corporation, the president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-					
making functions for the corporation,		* *			
		or more manufacturing, production, or			
operating facilities applying for or sub					
[ ] For a partnership or sole proprietorship					
[ ] For a municipality, county, state, feder or ranking elected official.	rai, or other public age	ency, either a principal executive officer			
[ ] The designated representative at an Ac	cid Rain source.				
Additional Responsible Official					
Additional Responsible Official					
Additional Responsible Official  1. Name and Position Title of Responsible	ole Official:				
	ole Official:				
<ol> <li>Name and Position Title of Responsible</li> <li>Responsible Official Mailing Address</li> </ol>					
<ol> <li>Name and Position Title of Responsible</li> <li>Responsible Official Mailing Address Organization/Firm:</li> </ol>					
Name and Position Title of Responsible     Responsible Official Mailing Address Organization/Firm:     Street Address:	s:				
Name and Position Title of Responsible     Responsible Official Mailing Address Organization/Firm:     Street Address:     City:	State:	Zip Code:			
Name and Position Title of Responsible Official Mailing Address Organization/Firm:     Street Address:     City:      Responsible Official Telephone Number	State:	Zip Code:			
Name and Position Title of Responsible Official Mailing Address Organization/Firm:     Street Address:         City:      Responsible Official Telephone Number Telephone:     ( ) -	State: bers: Fax: (	( ) -			
Name and Position Title of Responsible Official Mailing Address Organization/Firm:     Street Address:	State: bers: Fax: (heck one or more of the	e following options, as applicable):			
Name and Position Title of Responsible Official Mailing Address Organization/Firm:     Street Address:         City:     Responsible Official Telephone Number Telephone:         ( ) -     Responsible Official Qualification (Color of the Color of t	State: bers: Fax: ( heck one or more of the tary, treasurer, or vice-	e following options, as applicable): president of the corporation in charge			
Name and Position Title of Responsible      Responsible Official Mailing Address Organization/Firm:     Street Address:         City:      Responsible Official Telephone Number Telephone:     Responsible Official Qualification (City)      Responsible Official Qualification (City)      For a corporation, the president, secret of a principal business function, or any	State: bers: Fax: ( heck one or more of the tary, treasurer, or vice- y other person who pe	e following options, as applicable): president of the corporation in charge rforms similar policy or decision-			
Name and Position Title of Responsible      Responsible Official Mailing Address Organization/Firm:     Street Address:         City:      Responsible Official Telephone Number Telephone:     ( ) -      Responsible Official Qualification (Color of a principal business function, or any making functions for the corporation,	State:  bers:  Fax: ( heck one or more of the tary, treasurer, or vice- y other person who per or a duly authorized re-	e following options, as applicable): president of the corporation in charge rforms similar policy or decision-			
Name and Position Title of Responsible Official Mailing Address Organization/Firm:     Street Address:         City:     Responsible Official Telephone Number Telephone:         ( ) -     Responsible Official Qualification (Comparison of a principal business function, or any making functions for the corporation, representative is responsible for the own operating facilities applying for or subspace.	State:  bers:  Fax: ( heck one or more of the tary, treasurer, or vice- y other person who per a duly authorized reverall operation of one oject to a permit under	president of the corporation in charge rforms similar policy or decision-epresentative of such person if the or more manufacturing, production, or Chapter 62-213, F.A.C.			
1. Name and Position Title of Responsible  2. Responsible Official Mailing Address Organization/Firm:  Street Address:  City:  3. Responsible Official Telephone Number Telephone:  () -  4. Responsible Official Qualification (Compared of a principal business function, or any making functions for the corporation, representative is responsible for the own operating facilities applying for or suber Telephone () -  [] For a partnership or sole proprietorship	State:  bers:  Fax: (heck one or more of the tary, treasurer, or vice-y other person who per or a duly authorized reverall operation of one oject to a permit under p, a general partner or	president of the corporation in charge rforms similar policy or decision-epresentative of such person if the or more manufacturing, production, or Chapter 62-213, F.A.C. the proprietor, respectively.			
Name and Position Title of Responsible Official Mailing Address Organization/Firm:     Street Address:         City:     Responsible Official Telephone Number Telephone:         ( ) -     Responsible Official Qualification (Comparison of a principal business function, or any making functions for the corporation, representative is responsible for the own operating facilities applying for or subspace.	State:  bers:  Fax: (heck one or more of the tary, treasurer, or vice-y other person who per or a duly authorized reverall operation of one oject to a permit under p, a general partner or	president of the corporation in charge rforms similar policy or decision-epresentative of such person if the or more manufacturing, production, or Chapter 62-213, F.A.C. the proprietor, respectively.			



Mosalc Fertilizer, LLC 13830 Circa Crossing Dr. Lithia, FL 33547 USA www.mosaicco.com

November 5, 2012

Mr. William Land Environmental Manager Mosaic Fertilizer, LLC 3200 Highway 60 West Bartow, FL 33860

Re: Delegation of Authority under Environmental Programs

## Dear William:

In your capacity as Environmental Manager for the Bartow, Mulberry and Green Bay facilities for Mosaic Fertilizer, LLC, and for purposes of applicable environmental statutes and regulations, and in accordance with the By-laws of the Corporation and resolutions of the Board of Directors, I hereby authorize you, for and on behalf of the Company, to execute and submit all routine environmental reports, permit applications and follow-up responses, where the signature of an officer is not otherwise mandated by law, statute or regulation. The authority granted in this letter shall be subject to all necessary corporate approvals having been first obtained, as required by the By-laws, resolutions of the Board of Directors, and the governing documents of the LLC and is further limited now or in the future by such resolutions management guides, and actions as may be inconsistent with this delegation.

This delegation, effective November 5, 2012, supersedes any previous delegations of similar authority that may have been given either to you or to any predecessor with responsibilities similar to yours.

Gary N. Davis

Vice President, Phosphate Operations

Mosaic Fertilizer, LLC



Mosaic Fertilizer, LLC Bartow Chemical Complex 13830 Circa Crossing Drive Lithia, FL 33547 www.mosaicco.com Tel 863-800-9277 Fax 863-534-2410

Certified Mail 7010 1870 0002 4782 0885

December 11, 2012

Jeff Koerner, Administrator
Office of Permitting and Compliance
Division of Air Resource Management
Florida Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, FL 32399

RECEIVED

DEC 14 2012

DIVISION OF AIR RESOURCE MANAGEMENT

Re:

Notification of Additional Responsible Official Bartow Facility – Title V Permit No. 1050046 Mosaic Fertilizer, LLC

Dear Mr. Koerner:

As the designated primary responsible official, as defined in Chapter 62-210.00 F.A.C., for the above referenced facility and associated Title V permit, please find the attached DEP 62-213-900(3) Responsible Official Notification Form. The attached form is being submitted to the Department to designate an additional responsible official, William V. Land - Environmental Manager, for the Bartow facility and associated permit (1050046). Based on this designation and associated notification, I am authorizing the referenced designee to review and sign Title V related documents on behalf of the Mosaic Fertilizer, LLC Bartow facility.

Further, as indicated in the attached delegation of authority under environmental programs, authorized by Gary N. Davis, Vice President – Phosphate Operations for Mosaic Fertilizer, LLC, the referenced designee (William V. Land) has been authorized to submit all routine environmental reports, permit applications, and follow-up responses on behalf of the Corporation, effective November 5, 2012.

If you have any questions concerning the information provided in this notification, please contact me at 863-800-9277.

Sincerely,

Jeff A. Golwitzer Plant Manager

CC:

W. Land – Mosaic

K. Nadaskay - Mosaic

R. Iyer - Mosaic

Bartow File 60.03.07